

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000077

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 3

STATE FILE NUMBER

**FILED JAN 10 1963**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saltriver</b>		c. CITY OR TOWN <b>Mexico</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D.#1, Mexico</b>		d. STREET ADDRESS <b>R.F.D.#1</b>	

3. NAME OF DECEASED (Type or print) <b>Lydia Gibson</b>	4. DATE OF DEATH Month <b>Jan.</b> Day <b>7</b> Year <b>1963</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 25, 77</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Lincoln Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thadus K. Bishop</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Carrico</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Nellie Hall</b>	Address <b>Mexico, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Congestive failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 hours</b>
DUE TO (b) <b>Chronic Congestive failure</b>		<b>3-4 years</b>
DUE TO (c) <b>Generalized Arteriosclerosis</b>		<b>years</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>Jan. 7, 1963</b> to <b>Jan. 7, 1963</b> and last saw her/him alive on <b>Jan. 7, 1963</b> Death occurred at <b>4:00</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>William W. Bradley MD Coroner</b>	22b. ADDRESS <b>Box 178, Farley, Mo.</b>	22c. DATE SIGNED <b>Jan. 7, 1963</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 8, 63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Central Grove</b>	23d. LOCATION (City, town, or county) <b>5 mi So. of Jonesburg Mo</b>
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24. FUNERAL DIRECTOR <b>Precht-Hueston</b>	ADDRESS <b>Mexico, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 8-1963</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Keely</b>
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USE BLACK INK  
OR

TYPEWRITER RIBBON  
**Wm W. Bradley MD Coroner**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

**0040**  
**3040**

3

4 **1**

5 **2**

6

7 **0**

8 **2**

**94500**

10

11

**1290-3**

**13 2-0**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl T. Puckel

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.